

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582392

FILING DATE

6.9.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4						
5						
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41						
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44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53		3				
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

2 of 2

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102			1			
103						
104						
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130			1			
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148						
149						
150						
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.	←		←		187	←
TOTAL CLAIMS					190	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←			←
TOTAL CLAIMS						